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香港分行

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Policy Change Request Form (For Sigillo Universal Life Plan ONLY)
更改保單申請表 (只適用於「承晉」萬用人壽保險計劃)

Policy Number
保單號碼 | | | | | | | | |

Private & Confidential 私人及機密

Name of Policyholder 保單持有人姓名	**Name of Insured** 受保人姓名

IMPORTANT NOTES 重要事項

This Form should be completed in BLOCK LETTERS in BLACK / BLUE PEN. Any corrections made should be signed / endorsed by you or you should complete a new Form. Your request of change may not be processed until all requested information has been provided to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A Hong Kong Branch (whichever applicable) (hereinafter "Generali"). A written confirmation and / or endorsement will be issued to you after the acceptance of your request of change. Your request of change will be effective as of the date of such written confirmation.
本申請表應用黑色 / 藍色筆以英文正楷填寫。本表格內任何修改，您應在旁加簽或重新填寫一份。若所提供的資料未能達到忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行 (如適用) (下稱「忠意」) 之所有要求，此更改之申請有可能不會受理。忠意接受更改保單申請後會向您發出書面確認及 / 或批註。而更改之申請會於發出書面確認當天生效。

Please ☑ when appropriate. 請於適當位置加上 ☑。

☐ **Part I – Change of Personal Particulars 第一部分 – 更改個人資料**

	Policyholder Particulars 保單持有人資料	**Insured Particulars 受保人資料**
1. ☐ Name in English and Chinese 英文及中文姓名 Please provide a certified true copy of Deed Poll and ID Card / Passport 請遞交改名契據的核實副本及身份證／護照副本	Name in English 英文姓名 Surname 姓 _____ Given Name 名 _____ Name in Chinese 中文姓名 Surname 姓 _____ Given Name 名 _____	Name in English 英文姓名 Surname 姓 _____ Given Name 名 _____ Name in Chinese 中文姓名 Surname 姓 _____ Given Name 名 _____
2. ☐ Gender 性別	☐ Male 男 ☐ Female 女	☐ Male 男 ☐ Female 女
3. ☐ Date of Birth 出生日期	DD 日 / MM 月 / YYYY 年	DD 日 / MM 月 / YYYY 年
4. ☐ Country of Birth 出生國家		
5. ☐ I.D. Card No. / Passport No. (if non-permanent HKID Card holder or non-HK Resident) 身份證號碼 / 護照號碼 (如非香港永久性居民身份證持有人或非香港居民) Please provide a certified copy of identity document 請提供身份證明文件的認證副本	☐ ID Card No. 身份證號碼 _____ ☐ Passport No. 護照號碼 _____	☐ ID Card No. 身份證號碼 _____ ☐ Passport No. 護照號碼 _____
6. ☐ Nationality 國籍 Please provide a certified copy of identity document 請提供身份證明文件的核實副本		
7. ☐ Specimen Signature 簽名式樣	New Specimen Signature 新簽名式樣	New Specimen Signature 新簽名式樣

	Policyholder Particulars 保單持有人資料	Insured Particulars 受保人資料
8. ☐ Residential address and/or Correspondence address 住宅地址及/或通訊地址	The address will be updated for ALL policy(ies) under the Policyholder. 地址將更新於保單持有人名下的所有保單。 If not specify, both Residential Address and Correspondence Address will be updated. 如沒有註明，住宅地址及通訊地址將會一併更新。 ☐ Residential Address AND Correspondence Address 住宅地址及通訊地址 (Please submit Address Proof. 請遞交住址證明。) ☐ Residential Address ONLY 住宅地址 (Please submit Address Proof. 請遞交住址證明。) ☐ Correspondence Address ONLY 通訊地址 _____ _____ _____ _____ If the correspondence address is applied to specific policy, please provide policy no. below. 如通訊地址只適用於指定保單，請於以下註明保單號碼。 _____	The address will be updated for ALL policy(ies) under the Insured. 地址將更新於受保人名下的所有保單。 ☐ Residential Address 住宅地址 (Please provide Address Proof. 請提供住址證明。) _____ _____ _____ _____
9. ☐ Contact Telephone No. 聯絡電話號碼	(1) Home 住宅 ☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ Country Code 國家代碼 / Area Code 地區代碼 / Phone No. 電話號碼 (2) Mobile 流動電話 ☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ Country Code 國家代碼 / Area Code 地區代碼 / Phone No. 電話號碼	(1) Home 住宅 ☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ Country Code 國家代碼 / Area Code 地區代碼 / Phone No. 電話號碼 (2) Mobile 流動電話 ☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ Country Code 國家代碼 / Area Code 地區代碼 / Phone No. 電話號碼
10. ☐ Email Address 電郵地址		

☐ Part II – Change of Company Particulars 第二部分 – 更改公司資料

Policyholder Particulars (body corporate) 保單持有人資料 (法人團體)

1. ☐ Type of Corporate 法人團體類別	☐ Corporation 公司 ☐ Partnership 合夥業務 ☐ Trust 信託 ☐ Others 其他 _____
2. ☐ Full Name in English & Chinese 英文及中文全名	
3. ☐ Registered Address 登記地址	
4. ☐ Business Address 商業地址	
5. ☐ Correspondence Address 通訊地址	
6. ☐ Business Registration No. 商業登記號碼	
7. ☐ Certificate of Incorporation No. 公司註冊證書號碼	
8. ☐ Date of Incorporation 註冊日期	
9. ☐ Country of Incorporation 註冊國家	
10. ☐ Telephone No. 電話號碼	☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ Country Code 國家代碼 / Area Code 地區代碼 / Phone No. 電話號碼

☐ Part III – Change of Beneficiary 第三部分 – 更改受益人

The Percentage of Share should be in whole number and the total percentage should equal 100%.
分配比例之百分比必須為整數及總數相等於 100%。

If not specified, all beneficiaries designated are Primary Beneficiaries. If all Primary Beneficiaries cannot survive the death of the Insured, Secondary Beneficiary, if any, shall be entitled to the policy proceeds.
如未有特別指明，所有指定的收益人均為基本受益人。如所有基本受益人無法於受保人去世時尚生存，次位受益人（如有）。

If more than one beneficiary is designated, all policy proceeds will be made in equal share to the surviving beneficiaries, unless herein specified.
如受益人超過一人，除非在此列明各分配比例，否則保單之所有利益將平均分配予各在生之受益人。

If the Secondary Beneficiary is blank, existing records of Secondary Beneficiary(ies) remain unchanged.
如次位受益人為空白，現時次位受益人記錄維持不變。

a. Individual Beneficiary 個人受益人

Priority 優先次序	Name of Beneficiary 受益人姓名 English & Chinese 英文及中文	Relationship with Insured 與受保人關係	Sex 性別	Date of Birth 出生日期 DD/MM/YYYY 日/月/年	ID Card No./ Passport No. 身份證號碼/護照號碼	Country of Birth 出生國家	Country of Residence 居住國家	Tax Residence 稅務國家	Share % 分配比例 Total 合共 100%
☐ Primary 基本 ☐ Secondary 次位									
☐ Primary 基本 ☐ Secondary 次位									
☐ Primary 基本 ☐ Secondary 次位									
☐ Primary 基本 ☐ Secondary 次位									
☐ Primary 基本 ☐ Secondary 次位									

b. Corporate Entity Beneficiary 法人團體受益人

Priority 優先次序	Name of Beneficiary 受益人姓名 English & Chinese 英文及中文	Relationship with Insured 與受保人關係	Entity Type / Registration Number 公司實體 / 登記號碼	Date of Incorporation 註冊日期 DD/MM/YYYY 日/月/年	Country of Incorporation 註冊國家	Country of Business 營業國家	Tax Jurisdiction 稅務管轄區	Share % 分配比例 Total 合共 100%
☐ Primary 基本 ☐ Secondary 次位			☐ Corporation 公司 ☐ Partnership 合夥業務 ☐ Trust 信託 ☐ Others 其他: _____ Registration No.登記號碼 _____					

☐ Part IV – Change of Sum Assured 第四部分 – 更改投保額

I / We request to change the Sum Assured of this Policy to: USD
本人 / 我們要求將此保單之投保額更改為: 美元 _____

Please note: 請注意：

[1] Application for Change of Sum Assured can only be accepted after the first Policy Anniversary;
更改投保額之申請只會在首個保單週年日後才被接受；

[2] You are required to complete a new Insurance Application Form and provide evidence of insurability according to the amount of increase. An increase of the Policy Administration Charge may result from any increase of the sum assured;
閣下需要填寫一份新的申請表及根據增加的投保額提供可保性之證明；增加投保額可能會增加保單行政費。

[3] Reduction of Sum Assured is subject to a minimum remaining Sum Assured requirement. Surrender charge may apply for any reduction of Sum Assured;
扣減投保額受最低之投保額限制及可引致退保費用；

[4] Please refer to your Policy contract regarding the terms and conditions for Change of Sum Assured.
請參閱閣下之保單合約有關更改投保額之條款及條件。

☐ Part V – Application for Policy Reinstatement 第五部分 – 申請保單復效

Please note: 請注意：
[1] Application for Policy Reinstatement must be submitted within 1 year of lapse;
保單復效之申請必須於保單失效後一年內提出；
[2] Policyholder is required to complete a **Declaration of Insurability Form** and the Insured may also be requested to attend for medical examination and any other tests which are necessary to determine the insurability;
保單持有人需要填寫一份**可受保資格聲明書**，及受保人可能需要進行驗身或其他檢驗以確定其可保性；
[3] Please refer to your Policy contract regarding the terms and conditions for Policy Reinstatement.
請檢閱閣下保單合約內與保單復效有關之條款。

☐ Part VI – Change of Life Insured 第六部分 – 更改受保人

Please note: 請注意：
[1] This change request is only applicable to certain policies. Please refer to your Policy contract regarding the terms and conditions for Change of Life Insured.
此更改類別只適用於特定之保單。請參閱閣下之保單合約有關更改受保人之條款；
[2] The new eligible Life Insured is required to complete a new Application Form and provide evidence of insurability according to the Sum Assured amount;
新受保人需要填寫一份新的申請表，及根據其投保額提供可保性之證明；
[3] Cost of insurance, Policy Administration Fee and other terms and conditions will be affected. One off Administration Charge may apply at Generali's discretion regardless of whether the application is successful. Please refer to your Policy contract and discuss with your insurance intermediary for details.
保險費用，保單行政費用及其他條款將會受到影響。無論是次申請是否成功，忠意有權收取一次性的行政費。詳情請參閱閣下之保單合約及向閣下的保險中介人查詢。

☐ Part VII – Application for Exiting Guaranteed Crediting Interest Rate Lock 第七部分 – 申請退出保證派息率鎖定

I / We request to exit the following portion from the Guaranteed Crediting Interest Rate Account of my/our Policy and transfer it into the Current Crediting Interest Rate Account.
本人 / 我們要求在本人 / 我們保單中的保證派息率賬戶退出下述部分及將其轉調至現時派息率帳戶內。

	%

Please indicate the portion to be exited in percentage.
請表明閣下希望退出的百分比。

Please note: 請注意：
Exiting from Guaranteed Crediting Interest Rate Account may be subject to an Exit Value Adjustment. Please refer to your Policy contract for details.
退出保證派息率賬戶可能會引致退出價值調整。詳情請參閱閣下保單合約內相關之條款。

☐ Part VIII – Request for Duplicate Policy Copy 第八部分 – 申請保單合約副本

I / We, the Policyholder of the above Policy, declare and warrant the following:
本人 / 我們，此保單之保單持有人，謹此聲明及保證下述各項：
[1] I / We shall at all times, keep Generali indemnified against all actions, proceedings, claims, demands, losses, costs, expenses and liabilities which may be made against Generali suffer or incur as a result of the loss or destroy of the Policy contract;
本人 / 我們現承諾在任何時候，倘若因遺失或毀壞此保單合約，而導致忠意招致或蒙受任何之訴訟，法律程序，申索，要求，損失，費用，開支及負債，本人 / 我們會向忠意作出賠償；
[2] I / We have not assigned, pledged or in any other way dealt with the Policy or any interest in the Policy;
本人 / 我們並無將此保單或保單之任何權 益作出轉讓、抵押、或以其他方式處置此保單；
[3] If the original Policy document should come into my possession, I / We shall immediately deliver it to Generali;
倘若本人重獲保單合約正本，將 即時交予忠意；
[4] In the event of my death, this indemnity shall be binding on my/our personal representatives.
倘若本人 / 我們身故，上述承諾之賠償將對本人的個人代表具約束力。

☐ Part IX – Payment Instruction 第九部分 – 付款指示

Payment Amount: USD
付款總額： 美元 _____

Date of Payment (DD/MM/YYYY):
付款日期 (日/月/年)： _____

Purpose of Payment: ☐ Annual Premium 年繳保費： ☐ Unscheduled Premium 非定期保費： ☐ Policy Loan Repayment 償還保單貸款：
付款目的：

Please note, when arranging payment:
當安排付款時，請注意：
[1] Only payment from account in name of the Policyholder and / or Life Insured will be accepted. Payment from other account holder is not acceptable, and will be rejected and returned to the remitting account holder and Generali will not be responsible for any additional charges that may incur arising therefrom;
僅接受以名稱為保單持有人或受保人之帳戶支付的款項。任何從其他名稱為持有人之帳戶支付的款項將不予接受，會被拒絕並退回到匯款帳戶，忠意不會承擔任何由此產生的額外費用；
[2] Policy Number and Policyholder's Name must be quoted as the reference of the premium payment in the remarks section of the transmission document. A copy of such transmission document (which shows the name and account number of the payer, payment date and payment amount), needs to be submitted to us;
請於匯款文件的備註部分註明保單號碼及保單持有人的全名以作為繳付款項的參考。該匯款文件的副本(顯示付款帳戶之持有人名稱，帳戶號碼及付款日期和付款總額)需與此付款指示一併遞交；
[3] Any charges or deductions made by any correspondent bank are the responsibility of the remitter;
任何由代理銀行所作之收費或扣減，均須由匯款人支付；
[4] Generali reserve the right to refuse, reduce or limit the number or the amount of any unscheduled premium payments in any Policy year except as required to keep the Policy in force.
在任何保單年度內，忠意保留權利拒絕、減少或限制有關非定期保費的繳付次數或款額，除非有必要接受該筆保費以令保單繼續生效。

☐ Part X – Application for Policy Loan 第十部分 – 申請保單貸款

I / We request for a Policy Loan in the amount of: USD _____
本人 / 我們要求提取保單貸款，貸款額為： 美元

I / We acknowledge and understand that current loan interest rate is _____ % per annum **(Compulsory)**
本人 / 我們確認及明白現時貸款的年利率為 每年 **(必需填寫)**

Payment Instruction:
付款指示：

☐ Mail the crossed cheque to the correspondence address based on current records.
將劃線支票寄往本人現行的通訊地址。

☐ Mail the crossed cheque to the following address:
將劃線支票寄往下列地址：

_____

☐ Deliver the crossed cheque to me / us through the insurance intermediary.
將劃線支票經保險中介人轉遞。

☐ Transfer to the following designated bank account (must be held by the policyholder). Please note that any bank charges imposed on this particular transaction will be deducted from the amount payable.
將款項存入下列指定之銀行賬戶 (只適用於保單持有人之賬戶)。請注意，任何因是次交易而收取之銀行手續費，將從貸款款項中扣除。
Please provide a copy of bank statement with bank account number and name of account holder for verification.
請提供銀行戶口結單副本 (附有銀行帳戶號碼及銀行戶口持有人的姓名) 以作核實。

English Name of Bank Account Holder 銀行戶口持有人英文姓名 _____

Bank Account No. 銀行戶口號碼 _____

Bank Name 銀行名稱 _____

SWIFT Code 銀行國際代碼 _____

Correspondent Bank Name 中轉銀行名稱 _____

Correspondent Bank SWIFT Code 中轉銀行國際代碼 _____

To enquire for current policy loan interest rate information, please contact your licensed intermediary or call our customer service hotline at (852) 3971-2680. Kindly refer to your Policy contract regarding the terms and conditions for Policy Loan.
如欲查詢現時保單貸款年利率資訊，請聯絡您的持牌中介人，或致電我們的客戶服務熱線 (852) 3971-2680 查詢。請檢閱閣下保單合約內與保單貸款有關之條款。

☐ Part XI – Other Service Request 第十一部分 – 其他更改

Part XII – PEP Self-declaration 第十二部分 – 政治人物自我聲明 (Compulsory to complete 必須填寫)

Are you or any relevant parties#1 of this policy a politically exposed person ("PEP#2"), PEP family member or PEP close associate?
閣下或本保單相關各方人士#1 是否政治人物「PEP#2」、其家庭成員或與政治人物有關係密切的人？

☐ No 否 ☐ Yes 是, please provide 請提供

a. Name of this "PEP":
此政治人物的姓名: _____

Position
職位: _____

b. Name of the relevant party(ies) of this policy 本保單相關人士的姓名: _____

Relationship with this "PEP"
與此政治人物的關係: _____

#1 Relevant parties include but not limited to the insured, beneficiary(ies), person acting on behalf of the policyholder, beneficial owner(s), etc.
相關各方人士包括但不限於受保人、受益人、代表保單持有人行事的人、實益擁有人等。

#2 A politically exposed person (PEP) is an individual who is or has been entrusted with a prominent public function in Hong Kong / a place outside Hong Kong/ by an international organization.
政治人物被界定為在香港 / 香港以外地方 / 國際組織擔任或曾擔任重要公職的個人。

Part XIII – Foreign Account Tax Compliance Act Statement 第十三部分 – 海外帳戶稅收合規法案聲明

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and / or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).
在美國的《海外帳戶稅收合規法案》("《合規法案》") 下，海外金融機構須就美國人於海外金融機構之非美國境內之帳戶，向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議 (即 "《海外金融機構協議》") 有關之要求，及 / 或未曾獲得相關豁免遵守相關要求(以上海外金融機構統稱為 "《不參與合規法案之海外金融機構》") ，其所有源自美國的付款中可預扣款項(在合規法案中已闡明)將被徵收百分之三十之預扣稅 ("《合規法案預扣稅》") (初步包括紅利、利息及及一些衍生款項)。

The U.S. and Hong Kong have agreed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.
美國政府與香港政府已簽訂("《跨政府協議》")促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以(i) 識別美國身份標記，(ii) 徵求美國保單持有人同意披露及(iii) 向美國國稅局匯報美國保單持有人相關稅務資料。

FATCA applies to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (hereinafter "**Generali**"), and this Policy. **Generali** is a participating FFI and committed to complying with FATCA. To do so, **Generali** requires you to:
合規法案適用於忠意人壽（香港）有限公司 / 忠意保險有限公司香港分行（如適用）(下稱「**忠意**」)及此保單。**忠意**是一間參與合規法案之海外金融機構，及致力遵守合規法案。因此，**忠意**需要閣下:
(i) provide to **Generali** certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer identifying numbers, etc); and
提供相關資料予**忠意**，如適用，包括閣下的美國身份証明資料 (如姓名、地址、美國聯邦納稅人識別號碼等); 及
(ii) consent to **Generali** reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.
同意**忠意**向美國國稅局匯報此資料及閣下之帳戶資料，(如帳戶結存、利息、紅利收入及提款。)

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), **Generali** is required to report "aggregate information" of account balances, payment amounts and number of non-consenting U.S. accounts to IRS.
如閣下未能遵從以上要求(即為 "《不遵從合規法案之戶口持有人》")，**忠意**須向美國國稅局匯報帳戶結存、款項及不同意披露的美國帳戶數目之綜合資料。

Generali could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in **Generali** may be required to do so are:
忠意，在某些情況下，可能被要求在閣下保單付款中徵收合規法案預扣稅。現時**忠意**只會在以下情況徵收合規法案預扣稅:
(i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case **Generali** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and
若香港稅務局未能與美國國稅局就跨政府協議(及有關香港與美國之間的稅務資料交換協定)交換資料，**忠意**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局; 及
(ii) if you are (or any other account holder is) a nonparticipating FFI, in which case **Generali** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.
如閣下(或任何一位帳戶持有人)是不參與合規法案之金融 機構，**忠意**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。

You should seek independent professional advice on the impact FATCA may have on you or your Policy.
有關合規法案對閣下及閣下保單之影響，請諮詢獨立的專業意見。

If the Policyholder is an individual, please complete the declaration below and provide the information requested. If the Policyholder is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete a separate form "FATCA Self-Certification for Entities" or "Form W-8BEN-E" or "Form W-8IMY" or "Form W-9".
如果保單持有人為個人，請填妥以下聲明以及提供所須的資料。如果保單持有人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「海外帳戶稅收合規法案公司客戶聲明書」或「W-8BEN-E 表格」或「W-8IMY 表格」或「W-9 表格」。

Declaration 聲明
Please declare whether you are a U.S. resident for tax purposes* or not by ticking below check box.
請閣下在下方加上「✓」號以聲明閣下是否美國稅務居民*。

☐ I / We declare that I am / we are not a U.S. resident for tax purposes *at the time of signing this declaration.
本人 / 我們聲明於簽署本聲明時並非美國稅務居民*。

☐ I / We declare I am / we are a U.S. resident for tax purposes* at the time of signing this declaration.
本人 / 我們聲明於簽署本聲明時是美國稅務居民*。

I / We acknowledge that **Generali** may transfer any required information to the Tax Authorities in or outside Hong Kong to comply with FATCA obligations and waive all rights I / we have, if any, to prohibit or restrict such disclosure.
本人 / 我們確認**忠意**可將所需資料轉移到香港境內及境外地區之稅務機關以遵守合規法案的責任，如適用時，本人 / 我們願意放棄所有禁止或限制該披露之權利。

U.S. Taxpayer Identification Number (TIN):
美國納稅人識別號碼：

* A U.S. resident for tax purposes includes but is not limited to any individual who is a U.S. citizen or U.S. resident alien (such as a "Green Card" holder).
美國稅務居民包括但不限於任何具有美國公民或美國居住外國人（如「綠卡持有人」）身份的個人。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail.
附註: 本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Part XIV – Automatic Exchange of Financial Account Information 第十四部分 – 自動交換財務帳戶資料

Under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI"), financial institutions are required to identify account holders (including certain policyholders and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. The information provided to **Generali** will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by **Generali** to the Hong Kong Inland Revenue Department ("IRD") or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. Please browse the IRD website for guidance on AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm.
根據實施的自動交換財務帳戶資料（「自動交換資料」）的法律、法規及國際協定，財務機構須辨別具有須申報外國稅務居民身份的帳戶持有人（包括某些帳戶持有人及保單受益人）和某些機構保單持有人的控權人，並向財務機構營運當地的稅務部門申報其稅務資料（包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、帳戶結餘及收入資料）。當地稅務部門將每年定期把上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。**忠意**會將收集的稅務資料用於自動交換資料。這些資料以及其他關於帳戶持有人的資料可能會被傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。有關香港實施自動交換資料的指南，請瀏覽香港稅務局網站：http://www.ird.gov.hk/chi/tax/dta_aeoi.htm。

The information required in this Part and the information regarding your name, residence address and date of birth in this form constitute a self-certification for AEOI purposes. It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular and knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular.
在本部分中收集的資料、關於在本表格的閣下姓名、住址和出生日期之資料，將共同組成用於自動交換資料的自我證明。根據《稅務條例》第 80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。

You must report all changes in your tax residence status to **Generali** within 30 days of that change.
閣下必須在閣下的稅務居民身份發生任何變動後的 30 日內，向**忠意**申報該等變動。

You should seek independent professional advice on the impact AEOI may have on you or your Policy.
閣下應就自動交換資料對閣下保單造成的影響，諮詢獨立的專業意見。

If the Policyholder is an individual, please complete the declaration below and provide the information requested. If the Policyholder is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete separate forms titled "Entity Tax Residency Self-Certification Form" which shall form part of this form.
如果保單持有人為個人，請填妥以下聲明以及提供所須的資料。如果保單持有人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「實體稅務居民身分自我證明表格」；填妥後該表格會構成本表的一部分。

Declaration 聲明
Please declare your jurisdiction of tax residence for tax purposes by ticking below check box.
請在下方適當空格內加上「✓」號，以申報閣下的稅務居住地。

☐ I / We declare that I am / we are Hong Kong resident(s) for tax purposes and that I am / we are not resident(s) for tax purposes of any jurisdiction other than Hong Kong at the time of signing this declaration.
本人 / 我們謹此聲明，在簽署本聲明時，本人 / 我們是香港的稅務居民，而且本人 / 我們並非任何香港以外司法管轄區的稅務居民。

☐ I / We declare I am / we are resident(s) for tax purposes of a jurisdiction other than Hong Kong at the time of signing this declaration.
本人 / 我們謹此聲明，在簽署本聲明時，本人 / 我們是在香港以外的司法管轄區的稅務居民身份。

Jurisdiction of Residence 稅務居住地	**TIN 稅務編號**	**Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號，填寫理由 A、B 或 C**	***Explain why the account holder is unable to obtain a TIN if you have selected Reason B *如選擇理由 B， 請提供帳戶持有人不能取得稅務編號的原因**
		☐ A ☐ B* ☐ C	
		☐ A ☐ B* ☐ C	
		☐ A ☐ B* ☐ C	
		☐ A ☐ B* ☐ C	

Note 註
If you are a resident for tax purposes of any jurisdiction other than Hong Kong, then you must complete the above table indicating (a) your jurisdiction of residence where you are a **resident for tax purposes** and (b) your TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If space provided is insufficient, continue on additional sheet(s).
如果閣下是香港以外司法管轄區的稅務居民，閣下須填妥上列表格，列明（一）閣下所屬的**稅務居住地**；以及（二）閣下所屬各稅務居住地的稅務編號。請列明閣下所屬的**全部**（而不限於五個）稅務居住地。如果表格中的空格不敷應用，請另紙填寫。

If this form is completed by more than one Policyholder, and one or more of the Policyholders is a resident for tax purposes of any jurisdiction other than Hong Kong, then each of the Policyholders must complete a separate "Individual Tax Residency Self-Certification Form".
如果本表格由多於一名保單持有人填寫，而且其中一個或多個保單持有人是任何香港以外司法管轄區的稅務居民，則各保單持有人均須各自填妥另一份「個人稅務居民身分自我證明表格」。

If a TIN is unavailable, please provide the appropriate reason A, B or C:
Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.
Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.
Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.
如沒有提供稅務編號，必須填寫合適的理由 A、B 或 C：
理由 A – 帳戶持有人的稅務居住地並沒有向其居民發出稅務編號。
理由 B – 帳戶持有人不能取得稅務編號。如選取這一理由，請提供帳戶持有人不能取得稅務編號的原因。
理由 C – 帳戶持有人毋須提供稅務編號。稅務居住地的主管機關不需要帳戶持有人披露稅務編號。

If you declare the OECD (Organisation for Economic Co-operation and Development) designated country(ies) under residence / citizenship by investment (CBI/RBI) schemes as your sole tax residence, please complete Supplementary Form for Common Reporting Standard. For details, please refer to OECD website, https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment/
如果閣下聲明為經濟合作與發展組織（經合組織）所指的 RBI / CBI 投資移民計劃之國家之稅務居民身份，請填妥共同匯報標準補充表格。詳情請參閱經合組織網頁 https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment/

I / We acknowledge that **Generali** may transfer any required information to the IRD, and the IRD may exchange this information with tax authorities outside Hong Kong, and waive all rights I / we have, if any, to prohibit or restrict such disclosure.
本人 / 我們確認，**忠意**可向香港稅務局轉交本表格所載資料，香港稅務局又可將這些將資料交換至香港以外的稅務部門；本人 / 我們放棄任何本人 / 我們所擁有的關於禁止或限制上述資料披露之全部權利（如有）。

I / We undertake to advise **Generali** of any change in circumstances which affects my/our tax residence status or causes the information contained herein to become incorrect, and to provide **Generali** with a suitably updated form within 30 days of such change in circumstances.
本人 / 我們承諾，如情況發生改變以致影響的本人 / 我們的稅務居民身份，或導致本表格所載的資料變得不正確，本人會通知**忠意**，並會在情況發生改變後三十日內，向**忠意**提交一份已適當更新的自我證明表格。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail
附註: 本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Part XV – Declaration and Authorization 第十五部分 – 聲明及授權

1. I / We confirm that I / we have accessed, read and understood the Personal Information Collection Statement (the "**Statement**") of Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "**Generali**"), which is available on the **Generali**'s website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that the **Generali** may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the **Statement**. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the **Generali** for the purposes stated in the **Statement** and for allowing the **Generali** to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the **Statement**.
本人 / 我們確認已經查閱並且明白由忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行（如適用）（「**忠意**」）的收集個人資料聲明（「**該聲明**」），**該聲明**可於**忠意**網站查閱：https://www.generali.com.hk/ZH_HK/personal_information; 本人 / 我們同意**忠意**可依照**該聲明**的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我 們已獲得受保人和任何其他有關人士（如適用）的明示同意，可以按照**該聲明**所述的用途將他們的個人資料提供給**忠意**，並允許**忠意**可依照**該聲明**的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

2. I / We acknowledge I / we have read and understood the Foreign Account Tax Compliance Act Statement ("FATCA Statement") and Automatic Exchange of Financial Account Information ("AEOI"). I / We agree with the terms and conditions as stated in the FATCA Statement and AEOI, including but not limited to **Generali** reporting of my / our Personal Data and account information and imposing FATCA Withholding Tax on the policy payment in accordance with the terms of the Statement.
本人 / 我們確認已經閱讀並且明白海外帳戶稅收合規法案聲明(「合規法案聲明」) 及自動交換財務帳戶資料（「自動交換資料」）。本人 / 我們同意「合規法案聲明」及「自動交換資料」所列之條款及條件，包括但不限於**忠意**可依照該聲明的條款匯報本人 / 我們的個人資料及賬戶資料，並從保單付款中徵收合規法案預扣稅。

3. I / We agree to indemnify and hold harmless **Generali** from any tax, costs, expenses, penalties or other charges arising from my/our or relevant parties of this policy's non-compliance of any tax obligations in relation to this Policy (including but not limited to the U.S. Excise Tax) brought against **Generali** by any relevant tax authorities (including but not limited to the U.S. Internal Revenue Service). I / We agree **Generali** reserves the right to deduct such tax, costs, expenses, penalties or other charges from the account value, benefits, payments or other amount payable under this Policy or be directly reimbursed for such tax, costs, expenses, penalties or other charges by me/us.
若因本人 / 我們或與本保單有關人士不遵守任何納稅義務 (包括但不限於美國工商稅) ，而使有關之稅務機構 (包括但不限於美國國稅局) 對**忠意**追討任何與本保單有關之稅費、成本、開支、罰款或其他費用，本人 / 我們同意全數賠償**忠意**，並同意**忠意**可從本保單中的賬戶價值、權益、付款或其他金額中扣除此類稅費、成本、開支、罰款或其他費用，或可向本人 / 我們直接追討此類稅費、成本、開支、罰款或其他費用。

4. I / We hereby declare and agree that all statements and information provided in this form are to the best of my / our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I / We hereby declare that no information (whether or not it is covered by this Policy Change Request Form) which may influence **Generali's** assessment and acceptance of this application has been withheld and understand that if I / We am / are uncertain as to whether or not a particular information is material, the information should be disclosed
本人 / 我們在此聲明及同意，此更改保單申請表內所提供之一切陳述及資料，就本人 / 我們所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為更改保單的根據，並作為保單一部分，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人 / 我們在此聲明，並無隱瞞任何足以影響**忠意**衡量應否接受此申請之事實 (不論是否已包括在此更改保單申請表內)及假如未能確定某些資料是否重要，則應將有關事實予以披露。

5. I / We authorize **Generali** or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself / ourselves in relation to this application and any claim arising therefrom. If I / We fail to provide any information requested in this Policy Change Request Form, it may result in **Generali's** inability to process this application. I / We authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who / which has any records or knowledge of me / us or my / our health, to divulge to **Generali** or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me / us for the purpose of evaluating this application and any claim arising from the policy. A faxed or photographic copy of this authorization shall be as valid as the original.
本人 / 我們授權**忠意**或任何其委任之體檢醫生或化驗所，替本人 / 我們進行所需之醫療評估及測試，並對本人 / 我們之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜。如本人 / 我們不能提供任何此更改保單申請表所需的資料，**忠意**可能因此不能處理此更改保單之申請。本人 / 我們謹此授權任何註冊西醫、醫院、診所、保險公司及機構、其他組織或人士，凡知道或擁有有關本人 / 我們或本人 / 我們健康狀況之資料者，均可將該等資料提供給**忠意**或其授權代表或再保險公司或仲裁機構以作評核本保險申請及其後與保單有關的賠償事宜之用。此授權文件之傳真或影印本皆與正本同樣有效。

6. I / We, the Policyholder, hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and formed part of the said policy.
本人 / 我們，作為保單持有人，在此要求保單按照上述細則更改，本人 / 我們明白及同意此申請表之副本將附於此保單合約內，且成為上述保單合約的一部分。

7. This request is not valid until it is recorded as received by **Generali** and it is finally confirmed as accepted by **Generali** by way of Endorsement or letter.
此申請須由**忠意**確實接收及存檔，並經批准及發出批註或確認信後方為有效。

8. I / We understand that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under the U.S. laws. If my / our tax status change and I / we become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to **Generali**, I / we must notify **Generali** no later than thirty (30) days.
本人 / 我們明白，根據美國法律，任何美國人士就其稅務狀況作出虛假或失實陳述，將會受到刑罰。若本人 / 我們的稅務狀況有更改，或成為美國人士，或者成為任何本人 / 我們未曾向**忠意**進行申報的司法管轄區之稅務居民，本人 / 我們會於三十日內通知**忠意**。

9. I / We confirm and acknowledge that
本人 / 我們同意和確認：
   (i) I / We shall be responsible for observing and complying with all applicable laws and regulations of any relevant jurisdiction;
   本人 / 我們將有責任遵守任何有關司法管轄區之所有適用法律和法規之要求;
   (ii) If necessary, I / We shall consult independent professional advisers concerning financial, tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming, disposing or exercising any rights of this policy. **Generali** has not provided any advice to me / us in respect of the taxation or citizenship；
   如有需要，本人 / 我們將徵詢獨立專業顧問有關購買、持有、撤銷、贖回或以其他方式處置所發保單或行使保單任何權利可能引致的財務、稅務、法律或法規上的後果。**忠意**沒有就有關本人 / 我們之稅務或公民身份提供任何意見;

(iii) If **Generali** subsequently becomes aware that the policy issued is directly or beneficially owned by any person in breach of any applicable laws and regulations of any relevant jurisdiction, I / we may be required to redeem, surrender or withdraw from the policy ;
若**忠意**其後發現所發保單因由任何人士直接或實益擁有，而該人士違反任何有關司法管轄區之適用法律和法規之要求，本人 / 我們可要求贖回或退保或撤銷該保單；

(iv) Should I / we be compelled by any applicable laws and regulations of any jurisdiction to redeem, surrender or withdraw from the policy, I / We shall bear any costs , loss or liability incurred as a result of such redemption, surrender or withdrawal;
若本人 / 我們被任何司法管轄區之適用法律和法規要求贖回，退保或撤銷該保單，本人 / 我們願意承擔因此而引致的費用、損失或責任;

(v) **Generali** shall be entitled to, to the extent permitted by laws, submit or report any of my / our Personal Data and other information relating to this policy / application.to the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and / or law enforcement bodies (both local and overseas) (collectively known as " relevant authorities"). **Generali** shall also be entitled to reply to any inquiry from the relevant authorities in order to comply with all applicable laws and regulations of any relevant jurisdiction. I / We understand and acknowledge that **Generali** will not be able to provide any insurance or related product and service to me /us if I / we refuse to give the said express consent.
忠意有權，在法律許可的範圍內，提交或報告有關本人 / 我們的個人資料和其他有關本保單或申請的資料予有關政府部門、監管機構、法院、法庭、行政委員會及 / 或執法機構（包括本地及海外）(統稱為「有關機構」）。忠意也有權就上述有關機構所提出之任何查詢作出回覆，以符合任何司法管轄區適用之法律和法規要求。本人 / 我們明白和確認，如果本人 / 我們拒絕給予上述事項之明示同意予忠意，忠意將無法提供任何保險或相關產品和服務予本人 / 我們。

10. I / We agree to indemnify **Generali** in respect of any false statement or misrepresentation regarding my / our nationality, residency or tax status.
就有關本人 / 我們之國籍、居住地或稅務狀況，如有任何錯誤或不實的陳述，本人 / 我們同意對**忠意**作出賠償。

11. I / We confirm that I am / we are acting solely on my / our own behalf but not acting on behalf of another person in respect of the request of policy change such as in the capacity of trustee or agent. In the event that I am / we are acting on behalf of another person, I / we agree to provide any information or documentation including but not limited to any copies of identification documents of the principal / beneficial owner and any documentary proof of my / our legal capacity and authority in so acting.
本人 / 我們確認本人 / 我們是僅以按本人 / 我們的名義行事，並不是代表他人如以受託人或代理人身份提出更改此保單之要求。倘若本人 / 我們是代表他人行事，本人 / 我們同意提供任何資料或文件，包括但不限於任何委託人/實益擁有人的身份證明文件副本及任何授予本人 / 我們具法律身份和授權的證明文件。

12. I / We confirm and understand that I am / we are required to provide valid documentary proofs (such as identity document or address proof) to **Generali** from time to time on myself / ourselves, the insured, the ultimate beneficial owner (if any), the authorized signatory(ies) (if any) or any relevant person of this policy for the purposes of customer due diligence pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance (Cap 615) (or any applicable laws and legislations). If I / We fail to do so, or if the customer due diligence cannot be completed within a reasonable time for any reason, **Generali** reserves the rights to disprove the application, terminate the policy or cease the business relationship with me / us. **Generali** shall be entitled to deduct such applicable fees and charges and shall not be liable for any loss, damage, reimbursement or compensation in connection with such event.
本人 / 我們確認及明白必須提供有效文件證明(如身份證明文件或地址證明)予**忠意**，讓**忠意**能按照《打擊洗錢及恐怖分子資金籌集(金融機構)條例》(第 615 章) 所載(或所有適用法律和法規之要求)，不時對本人 / 我們、保單之受保人、最終實益擁有人(如適用)、獲授權簽署人士(如適用)或其他相關人士進行客戶盡職審查。如本人 / 我們未能符合此要求，或因任何理由客戶盡職審查未能在合理時間內完成，**忠意**有權否決上述申請及 / 或終止此保單及/或終止與本人 / 我們的業務關係。**忠意**因此有權扣除適當的費用及收費，而不需向本人 / 我們承擔任何有關之損失，損害，償還和 / 或補償。

13. (Applicable only if the Applicant is body corporate) (只適用於法人之申請人)
We undertake to inform **Generali** upon any change to (i) our particulars (such as name, registered address and ownership structure); (ii) the personal particulars of our shareholder(s) holding not less than 25% of total shares / voting rights; (iii) our director(s) / authorized signatory(ies) or his / her personal particulars and to provide relevant documentary proof(s) of such change to the satisfaction of **Generali** upon its request.
我們保證會立刻通知**忠意**任何有關 (i) 我們資料之更改（如名字、註冊地址及擁有權結構）；或(ii) 擁有不少於 25%股本／投票權之股東之個人資料的更改；或(iii)我們的董事/獲授權簽署人士或其個人資料的更改，我們保證提交與該更改有關之文件證明以滿足**忠意**之要求。

14. I / We authorize my / our sales intermediary to provide any of my /our Personal Data, information together with the supporting or related documents to **Generali** or its representatives for the purpose of this change request and to meet any ongoing administration requirement pursuant to any applicable laws and regulations from time to time. I / We further authorize **Generali** to pass this authorization to my/our sales intermediary for the purpose of facilitating the transfer provision of such Personal Data, when required. A copy of this authorization shall be as valid as the original.
本人 / 我們現授權本人 / 我們之銷售中介人提供任何有關本人 / 我們之個人資料，包括但不限於本人 / 我們之醫療紀錄或其他文件，予**忠意**或其代表以作本保單申請之用或以符合任何適用法律和法規不時之要求。當有需要時，本人 / 我們進一步授權**忠意**將本授權文件交予本人 / 我們之銷售中介人以轉移該等個人資料。此授權文件之副本皆與正本同樣有效。

***** Please DO NOT sign on BLANK form 請勿在空白表格上簽署 *****

X	X	
Signature of Policyholder 保單持有人簽署	Signature of Insured 受保人簽署	Date (DD / MM / YYYY) 日期 (日/月/年)

Assignee hereby consents to the above request(s) for change applied by the Policyholder.
承讓人特此同意保單持有人以上變更請求之申請。

X	X	X
Signature of Assignee (if any) 承讓人簽署 (如適用) If signed by company authorized signatory(ies), please indicate his/her title with Company Chop 如由公司獲授權簽署人士簽署， 請列明其職銜及加上公司蓋印	Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署 (如適用)	Signature of Witness 見證人簽署 (Name 姓名:)